

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033424

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 29

AMENDED

FILED SEP 26 1961

1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina		Length of stay in 1b		c. CITY OR TOWN Edina		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First IRA Middle D Last WILLOWS				4. DATE OF DEATH Month Sept. Day 18 Year 1961				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 19Dec1881	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assessor		10b. KIND OF BUSINESS OR INDUSTRY Acting Veterinarian		11. BIRTHPLACE (City and state or country) Lewis County		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME James Willows			13b. MOTHER'S MAIDEN NAME Mary Frances Selves			14. NAME OF HUSBAND OR WIFE Luvina Swearingen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				17. INFORMANT James Beal		Address Edina, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Circulatory Failure							_____	
DUE TO (b) Thrombotic Encephalomalacia							3 wks.	
DUE TO (c) Arteriosclerosis							_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? - YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from July 1949 to Sept. 18, '61 and last saw him alive on 9/18/61 Death occurred at 8:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>James Beal</i> (Degree or title) D.O.				22b. ADDRESS Edina, Mo.		22c. DATE SIGNED 9/19/61 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 20Sept1961	23c. NAME OF CEMETERY OR CREMATORY Linville Cemetery		23d. LOCATION (City, town, or county) Edina, Missouri			
24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME			ADDRESS Edina, Mo		25. DATE RECD. BY LOCAL REG. Sept-29-1961	26. REGISTRAR'S SIGNATURE <i>Paul S. Hume</i>		

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. R. [unclear]*

Licensed Embalmer No. 5041

P. O. Address Edina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.